

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2007 OF THE CONDITION AND AFFAIRS OF THE

Great Lakes Health Plan, Inc.

)707 ent Period) ,	0707 N Prior Period)	AIC Company Code	95467	Employer's ID Number _	38-3204052		
Organized under the Laws of	of	Michigan	, State	of Domicile	or Port of Entry	Michigan		
Country of Domicile			United	d States				
Licensed as business type:	Life, Accident & I	Health []	Property/Casualty [] Dent	al Service Corporation []			
	Vision Service C	orporation []	Other []	Healt	th Maintenance Organization	[X]		
	Hospital, Medica	& Dental Servic	e or Indemnity []	Is HM	MO, Federally Qualified? Yes	[] No[X]		
Incorporated/Organized	01/	11/1994	Commence	d Business	10/11/19	994		
Statutory Home Office	17117	W. Nine Mile Rd.	, Suite 1600	,	Southfield, MI 480)75		
·		(Street and Numb	er)		(City or Town, State and Zi	p Code)		
Main Administrative Office				line Mile Rd,				
	uthfield, MI 48075			treet and Number	248-559-5656			
` ,	Town, State and Zip Coo	le)			Area Code) (Telephone Number)			
Mail Address		mbus Blvd. nber or P.O. Box)			Hartford, CT 06103 (City or Town, State and Zip Code	e)		
Primary Location of Books a	•	,	17	117 W. Nine	Mile Rd., Suite 1600	-,		
Ço	uthfield MI 4007E			(Street	and Number)			
	uthfield, MI 48075 Town, State and Zip Cod	le)			860-702-8011 (Area Code) (Telephone Number)			
Internet Website Address			www	v.glhp.com				
Statutory Statement Contact	ĸ	evin Michael Eric	cson		860-702-8011			
ker	ricson@oxhp.com	(Name)			(Area Code) (Telephone Number) (203-452-4690	Extension)		
	(E-mail Address)		·		(FAX Number)			
			OFFICERO					
Name		Title	OFFICERS	Name		Title		
Chris A. Scherer	,	President		Eric Wexle	er ,	Secretary		
Robert W. Oberrende	er ,	Treasurer						
			THER OFFICE	RS				
Dawn Marie Koehler		President, Gover Public Relation		Lisa Ann G	ray , Vice Preside	ent, Customer Relations		
			TORS OR TRU	STEES				
Edgar Gonzalo Rios	# Jo	onathan Dinesma	ın #	William Rals	ton Stephe	en Thomas Swift		
State of								
County of		SS						
above, all of the herein described this statement, together with relation and affairs of the completed in accordance with the that state rules or regulations requested. Furthermore, the so	I assets were the abseted exhibits, schedule as aid reporting entity NAIC Annual Statemuire differences in repope of this attestation	olute property of the s and explanations as of the reporting tent Instructions and porting not related to by the described of	e said reporting entity, free a therein contained, annexed period stated above, and o d Accounting Practices and o accounting practices and officers also includes the rel	and clear from or referred to f its income an Procedures ma procedures, acc ated correspon	said reporting entity, and that on any liens or claims thereon, except is a full and true statement of all that deductions therefrom for the pe anual except to the extent that: (1) cording to the best of their informa- ding electronic filing with the NAI hay be requested by various regul	of as herein stated, and that he assets and liabilities and eriod ended, and have been o state law may differ; or, (2) ation, knowledge and belief, C, when required, that is an		
Chris A. Sc Preside			Eric Wexler Secretary		Robert W. 0	Oberrender surer		
Subscribed and sworn to be	efore me this			b. If 1.	State the amendment number	Yes [X] No []		
					Date filed			

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals						
Group subscribers:						
1						
			ļ			
	NON					
						
0000007 O	0	0	0	0	0	0
0299997 Group subscriber subtotal 0299998 Premiums due and unpaid not individually listed	t	 ^U	l	I	I	l
10239390 Fremiums que and unipaid not muividually listed			^	^	^	
0200000 Permitting due and unacid from Medicare aptition	1	l	l	U	l	
0299999 Total group 0399999 Premiums due and unpaid from Medicare entities 0499999 Premiums due and unpaid from Medicaid entities			·····			†
1949999 Fremiums due and unipad nom medicalo endres	0	^	^	^	^	
0599999 Accident and health premiums due and unpaid (Page 2, Line 13)	U	<u>U</u>	U	0	0	U

EXHIBIT 3 - HEALTH CARE RECEIVABLES

EXHIBIT 6 - II		<u> </u>				
1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Individually Listed Receivables:						
0399998 – Aggregate of amounts not individually listed above.			(710,473)	1,163,631	398,336	533,105
0399999 - Totals - Loans and Advances to Providers	460,862		(710,473)	1,163,631		533,105
0699998 - Aggregate of amounts not individually listed above.	1,333,255	478,313	1,024,960	0	· · · · · · · · · · · · · · · · · · ·	2,836,529
0699998 - Aggregate of amounts not individually listed above. 0699999 - Totals - Other Receivables	1,333,255	478,313	1,024,960	0		
	, ,	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,			, ,
	•					
	†					
	 				·····	
	 				 	
	t				 	
0700000 Creas houlth care reasingbles	4 70 4 47	105 700	011 100	4 400 001	000 000	0 000 001
0799999 Gross health care receivables	1,794,117	495,736	314,488	1,163,631	398,336	3,369,634

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid	l Claims				
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported) Detroit Medical Center Facilities						
Detroit Medical Center Facilities	723,034	(2,218)	(16,444)	(69) (8.770)	(14,742)	689,561
St John Health System	724,875	0	(1,211)	(8,770)	(11,858)	703,036
0199999 Individually listed claims unpaid.	1,447,909	(2,218)	(17,655)	(8,839)	(26,600)	1,392,597
0299999 Aggregate accounts not individually listed-uncovered.	1,447,303	(2,210)	(17,000)	(0,009)	(20,000)	1,592,597
0399999 Aggregate accounts not individually listed-covered	3,634,871	305	(33,987)	(19,937)	(90,732)	3,490,520
0499999 Subtotals	5,082,780	(1,913)	(51,642)	(28,776)	(117,332)	4,883,117
0599999 Unreported claims and other claim reserves	0,002,700	(1,010)	(01,042)	(20,770)	(117,552)	33,789,285
0699999 Total amounts withheld						33,709,203
						38,672,402
0799999 Total claims unpaid						30,072,402
0899999 Accrued medical incentive pool and bonus amounts						0

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Individually Listed Receivables:							
			<u> </u>				
		NON		 			
	······································						
			····				
				ł			
	0	0	0	0	l	0	0
0199999 Individually listed receivables							
0399999 Total gross amounts receivable	0	0	0	0	0	0	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

	202 :0 : / 11 (2111)			
1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
United Healthcare, Inc	Current Operating expenses	258,892	258,892	
0199999 Individually listed payables.		258,892	258,892	0
0199999 Individually listed payables 0299999 Payables not individually listed				
0399999 Total gross payables		258,892	258,892	0
TTTTTT TIME GITTE PROJECT		,	===;===	Ţ.

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ANNUAL STATEMENT FOR THE YEAR 2007 OF THE Great Lakes Health Plan, Inc.

EXHIBIT 7 PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments: 1. Medical groups 2. Intermediaries	84,146,846	22.9	1,852,545	1,154.2		84,146,846
3. All other providers 4. Total capitation payments			1,852,545	0.0 0.1,154.2	0	10 ,118 ,973 94 ,265 ,819
Other Payments: 5. Fee-for-service	273,459,837	74.4	xxx	xxx		273,459,837
Contractual fee payments	0	0.0	XXX XXX XXX	XXXXXXXXX		
Non-contingent salaries Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments 12. Total other payments	0 273,459,837	0.0 74.4	XXX XXX	XXX XXX	0	273,459,837
13. Total (Line 4 plus Line 12)	367,725,656	100 %	XXX	XXX	0	367,725,656

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4 Average Monthly	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
	NONE				
	1.01.				
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	1,223,233		(1,131,842)		(91,391)	
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
Other property and equipment	0					
6. Total	1,223,233	0	(1,131,842)	0	(91,391)	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Great Lakes Health Plan, Inc. **REPORT FOR: 1. CORPORATION**

	,							(LOCATION)		
IAIC Group Code 0707 BUSINESS IN THE STATE O)F Michigan			DURING THE YEAR	2007		1	NA	IC Company Code	95467
	1	Comprel (Hospital &		4	5	6	7	8	9	10
		2	3				Federal Employees			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	142,619								142,619	
2 First Quarter	149,268								149,268	
3 Second Quarter	153,523								153,523	
4. Third Quarter	157 ,987								157 , 987	
5. Current Year	160,502								160,502	
6 Current Year Member Months	1,852,913								1,852,913	
Total Member Ambulatory Encounters for Year:										
7. Physician	904,433								904,433	
8. Non-Physician	553,761								553,761	
9. Total	1,458,194	0	0	0	0	0	0	0	1,458,194	
10. Hospital Patient Days Incurred	68,571								68,571	
11. Number of Inpatient Admissions	16,142								16,142	
12. Health Premiums Written (b)	441,633,977								441,633,977	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	441,633,977								441,633,977	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	367 , 725 , 656								367 , 725 , 656	
18. Amount Incurred for Provision of Health Care Services	367,725,656								367,725,656	

(a) For health business: number of persons insured under PPO managed care products and number of persons under indemnity only products	
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ __



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
AIC Group Code 0707 BUSINESS IN THE STATE O	F Consolidated			DURING THE YEAR	2007			NA	IC Company Code	95467
	1	Compreh (Hospital &	Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	142,619	0	0	0	0	0	0	0	142,619	
2 First Quarter	149,268	0	0	0	0	0	0	0	149,268	
3 Second Quarter	153,523	0	0	0	0	0	0	0	153,523	
4. Third Quarter	157,987	0	0	0	0	0	0	0	157 , 987	
5. Current Year	160,502	0	0	0	0	0	0	0	160,502	
6 Current Year Member Months	1,852,913	0	0	0	0	0	0	0	1,852,913	
Total Member Ambulatory Encounters for Year:										
7. Physician	904,433	0	0	0	0	0	0	0	904,433	
8. Non-Physician	553,761	0	0	0	0	0	0	0	553,761	
9. Total	1,458,194	0	0	0	0	0	0	0	1,458,194	
10. Hospital Patient Days Incurred	68,571	0	0	0	0	0	0	0	68,571	
11. Number of Inpatient Admissions	16,142	0	0	0	0	0	0	0	16,142	
12. Health Premiums Written (b)	441,633,977 .	0	0	0	0	0	0	0	441,633,977	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	
15. Health Premiums Earned	441,633,977	0	0	0	0	0	0	0	441,633,977	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	367 , 725 , 656 .	0	0	0	0	0	0	0	367 , 725 , 656	
18. Amount Incurred for Provision of Health Care Services	367,725,656	0	0	0	0	0	0	0	367,725,656	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____ 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ ______0

SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1.	Book/adjusted carrying value, December 31, prior year	0
2.	Increase (decrease) by adjustment:	
	2.1 Totals, Part 1, Column 11	0
	2.2 Totals, Part 3, Column 8	0
3.	Cost of acquired, (Totals, Part 2, Column 6, net of encumb ances Column and Let of dit permanent improvements (Column 9)	0
4.	Cost of additions and permanent improvements:	
	4.1 Totals, Part 1, Column 14	0
	4.2 Totals, Part 3, Column 10	0
5.	Total profit (loss) on sales, Part 3, Column 15	0
6.	Increase (decrease) by foreign exchange adjustment:	
	6.1 Totals, Part 1, Column 12	0
	6.2 Totals, Part 3, Column 9	0
7.	Amounts received on sales, Part 3, Column 12 and Part 1, Column 13	0
8.	Book/adjusted carrying value at end of current period	0
9.	Total valuation allowance	
	Subtotal (Lines 8 plus 9)	0
11.	Total nonadmitted amounts	
12.	Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	0

SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

1.	Book value/recorded investment excluding accrued interes in more larger and the control of the c	0
2.	Amount loaned during year:	
	2.1 Actual cost at time of acquisitions	
	2.2 Additional investment made after acquisitions	0
3.	Accrual of discount and mortgage interest points and commitment fees	
4.	Increase (decrease) by adjustment	
	Total profit (loss) on sale	
	Amounts paid on account or in full during the year	
	Amortization of premium	
8.	Increase (decrease) by foreign exchange adjustment	
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	0
10.	Total valuation allowance	
	Subtotal (Lines 9 plus 10)	
12.	Total nonadmitted amounts	
13.	Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column)	0

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Long-Term Invested Assets

1.	Book/adjusted carrying value of long-term invested assets and December 1 of tion year.
2.	Cost of acquisitions during year:
	2.1 Actual cost at time of acquisitions
	2.2 Additional investment made after acquisitions
3.	Accrual of discount
4.	Increase (decrease) by adjustment
5.	Total profit (loss) on sale
6.	Amounts paid on account or in full during the year
	Amortization of premium
8.	Increase (decrease) by foreign exchange adjustment
9.	Book/adjusted carrying value of long-term invested assets at end of current period
10.	Total valuation allowance
11.	Subtotal (Lines 9 plus 10)
12.	Total nonadmitted amounts
13.	Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3).

SCHEDULE D - PART 1A - SECTION 1

Quality	and Maturity	v Distribution of	All Bonds Ow	ned December 31.	at Book/Adi	iusted Carry	ving Values b	v Maior T	ypes of Issues and NAIC Designations	

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations											
Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1. U.S. Governments, Schedules D &				Ŭ							` '
1.1 Class 1	2,559,362	2,000,555	678,223	916,691	0	6, 154, 831	7.3	1,021,327	1.4	6, 154, 831	0
1.2 Class 2	0	0	0	0	0	0	0.0	0	0.0	0	0
1.3 Class 3	0	0	0	0	0	0	0.0	0	0.0	0	0
1.4 Class 4	0	0	0	0	0	0	0.0	0	0.0	0	0
1.5 Class 5	0	0	0	0	0	0	0.0	0	0.0	0	0
1.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
1.7 Totals	2,559,362	2,000,555	678,223	916,691	0	6,154,831	7.3	1,021,327	1.4	6,154,831	0
2. All Other Governments, Schedules			,	,				, ,		, ,	
2.1 Class 1	0	0	0	0	0	0	0.0	0	0.0	0	0
2.2 Class 2	0	0	0	0	0	0	0.0	0	0.0	0	0
2.3 Class 3	0	0	0	0	0	0	0.0	0	0.0	0	0
2.4 Class 4	0	0	0	0	0	0	0.0	0	0.0	0	0
2.5 Class 5	0	0	0	0	0	0	0.0	0	0.0	0	0
2.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
3. States, Territories and Possessions	s etc., Guaranteed, So	hedules D & DA (Grou	ıp 3)	-				-			-
3.1 Class 1	0	1.037.488	0	0	0	1,037,488	1.2	0	0.0	1,037,488	0
3.2 Class 2	0	0	0	0	0	0	0.0	0	0.0	0	0
3.3 Class 3	0	0	0	0	0	0	0.0	0	0.0	0	0
3.4 Class 4	0	0	0	0	0	0	0.0	0	0.0	0	0
3.5 Class 5	0	0	0	0	0	0	0.0	0	0.0	0	0
3.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
3.7 Totals	0	1.037.488	0	0	0	1.037.488	1.2	0	0.0	1,037,488	0
4. Political Subdivisions of States, Te	rritories and Possess	ions. Guaranteed. Sch	edules D & DA (Group	4)		, ,		-		, ,	
4.1 Class 1	0	4,476,638	540.237	553,727	0	5,570,603	6.6	0	0.0	5,570,603	0
4.2 Class 2	0	0	0	0	0	0	0.0	0	0.0	0	0
4.3 Class 3	0	0	0	0	.0	0	0.0	0	0.0	0	0
4.4 Class 4	0	0	0	0		0	0.0	0	0.0	0	0
4.5 Class 5	0	0	0	0	0	0	0.0	0	0.0	0	0
4.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
4.7 Totals	0	4,476,638	540,237	553,727	0	5,570,603	6.6	0	0.0	5,570,603	0
5. Special Revenue & Special Assess	ment Obligations etc.				, and the second	2,2.2,000	0.0		0.0	2,2.3,000	
5.1 Class 1	642.628	8,790,503	10,511,560	2,161,235	0	22 , 105 , 927	26.1	0	0.0	22 , 105 , 927	0
5.2 Class 2	0	255,589	265,757	0	n	521,346	0.6	n l	0.0	521,346	0
5.3 Class 3	0	0	0	0	0	0	0.0	0	0.0	0	0
5.4 Class 4	0	0	0	0	0	0	0.0	0	0.0	0	0
5.5 Class 5	0	0	0	0	n	n	0.0	n l	0.0	0	0
5.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
5.7 Totals	642,628	9,046,092	10,777,317	2,161,235	0	22,627,273	26.7	0	0.0	22,627,273	0
. 51010	3.2,020	0,0.0,002	.5,,011	2,.3.,200	V	,,	20.1	Ů	0.0	,,	

9.7 Totals

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE Great Lakes Health Plan, Inc.

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations 10 % From Col. 7 Over 1 Year Through Over 5 Years Through Over 10 Years Col. 6 as a Total from Col. 6 Total Publicly Total Privately Placed Quality Rating per the NAIC Designation 5 Years 10 Years Through 20 Years Over 20 Years **Total Current Year** % of Line 10.7 Prior Year Prior Year Traded 1 Year or Less (a) 6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6) 0.0. 6.1 Class 1 .0.0 6.2 Class 2 .305,047 .305,047 0.4 ..305,047 0.0 6.3 Class 3 .0.0 6.4 Class 4 ..0.0 .0.0 ..0 ..0.0 6.5 Class 5 .0.0 0 0.0 6.6 Class 6 0.0 305.047 0 305.047 0.4 6.7 Totals 0.0 305.047 7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7) ..38,809,926 .5,481,014 ..3,668,016 .47,958,955 ..56 . 6 ..71,713,280 ..98.6 .47,665,733 .293,223 7.1 Class 1 7.2 Class 2 .1,001,373 ..24,849 ..1,026,222 ..1.2 .0.0 ..799,288 .226,934 7.3 Class 3 0 0.0 .0.0 7.4 Class 4 0.0 0.0 7.5 Class 5 0.0 .0.0 7.6 Class 6 0 0.0 0.0 38.809.926 6.482.386 3.692.865 48.985.177 57.8 71.713.280 98.6 48.465.021 520.156 7.7 Totals 8. Credit Tenant Loans, Schedules D & DA (Group 8) 8.1 Class 1 0.0 .0.0 0.0 .0.0 8.2 Class 2 8.3 Class 3 ..0.0 .0.0 8.4 Class 4 0.0 .0.0 8.5 Class 5 0 0.0 .0.0 0.0 8.6 Class 6 0 0.0 8.7 Totals 0.0 0.0 0 9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9) 9.1 Class 1 ..0.0 .0.0 9.2 Class 2 ..0.0 0.0 9.3 Class 3 0.0 .0.0 9.4 Class 4 0.0. .0.0 9.5 Class 5. 0.0 0.0 9.6 Class 6 0 0.0 0.0 0

0.0

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations 10 Over 1 Year Through Total from Col. 6 Total Publicly Total Privately Placed Over 5 Years Through Over 10 Years Col. 6 as a % From Col. 7 Quality Rating per the NAIC Designation Through 20 Years Over 20 Years % of Line 10.7 1 Year or Less 5 Years 10 Years **Total Current Year** Prior Year Prior Year Traded (a) 10. Total Bonds Current Year 10.1 Class 1 .42,011,916 .21,786,198 .15,398,036 ...3,631,654 .82,827,805 XXX XXX .82,534,582 .293,223 .1,562,008 ..290,606 ..1,852,614 .2.2 .XXX. XXX. ..1,625,681 .226,934 10.2 Class 2 .XXX. 10.3 Class 3 0.0. XXX. .XXX. 10.4 Class 4 0.0. XXX. XXX 10.5 Class 5 0.0 XXX 0.0 XXX XXX 10.6 Class 6 10.7 Totals .42,011,916 .23,348,206 15,688,642 .3,631,654 .84,680,419 100.0 XXX XXX .84,160,263 .520, 156 10.8 Line 10.7 as a % of Col. 6 50.0 28.0 19.0 4.0 0.0 100.0 XXX XXX XXX 99.0 11. Total Bonds Prior Year XXX 72.734.607 100.0 ..72,734,607 1.021.327 11.1 Class 1 XXX XXX 11.2 Class 2 0 0 11.3 Class 3 XXX XXX 0.0 11.4 Class 4 XXX XXX 0.0 11.5 Class 5 XXX XXX 0.0 11.6 Class 6 0 XXX XXX 0.0 1,021,327 .XXX. .XXX. ..72,734,607 11.7 Totals ..71,713,280 ...0 .100.0 .72,734,607 11.8 Line 11.7 as a % of Col. 8 99.0 0.0 0.0 0.0 XXX XXX 100.0 XXX 100.0 0.0 12. Total Publicly Traded Bonds .82.534.582 .82.534.582 12.1 Class 1 .42.011.916 15.254.846 ..3.631.654 ..72,734,607 .100.0 XXX 12.2 Class 2 1,335,075 .290,606 ..1,625,681 19 0.0 1.625.681 XXX 0.0 XXX 12.3 Class 3 0.0 0.0 XXX 12.4 Class 4 0.0 XXX 12.5 Class 5 0.0 XXX 12.6 Class 6 0.0 0.0 99.4 .72,734,607 12.7 Totals 15,545,452 .3,631,654 .84,160,263 .84,160,263 XXX 12.8 Line 12.7 as a % of Col. 6 50.0 .27.0 18.0 4.0 0.0 100.0 XXX XXX XXX 100.0 XXX 12.9 Line 12.7 as a % of Line 10.7. 50.0 27.0 18.0 4.0 0.0 99.0 XXX XXX 99.0 XXX Col. 6, Section 10 13. Total Privately Placed Bonds 143.191 .293.223 XXX .293.223 13.1 Class 1 150.032 226.934 226.934 13.2 Class 2 0.3 0.0 XXX .226,934 13.3 Class 3 0.0 0.0 XXX 13.4 Class 4 0.0 0.0 XXX XXX 13.5 Class 5 0 0.0 0.0 XXX 0 0.0 0 0 13.6 Class 6 13.7 Totals 376.966 143.191 0 520.156 0.6 0.0 XXX 520, 156 13.8 Line 13.7 as a % of Col. 6 0.0 ..72.0 .28.0 0.0 0.0 XXX XXX XXX XXX. .100.0 .100.0 13.9 Line 13.7 as a % of Line 10.7. 0.0 0.0 0.0 0.0 1.0 XXX XXX XXX XXX Col. 6. Section 10

⁽a) Includes \$ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

⁽c) Includes \$ ______ current year, \$ ______ prior year of bonds with 5* designations and \$ ______ prior year of bonds with 6* designation was assigned by the SVO in reliance on the insurer's certification of principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

5.7 Totals

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE Great Lakes Health Plan, Inc.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues Total from Col 6 % From Col. Over 1 Year Over 5 Years Over 10 Years Col. 6 as a % Total Publicly Total Privately Through 10 Years Distribution by Type 1 Year or Less Through 5 Years Through 20 Years Over 20 Years Total Current Year of Line 10.7 Prior Year Prior Year Traded Placed 1, U.S. Governments, Schedules D & DA (Group 1) 4,052,726 ,583,368 ..1,021,327 1.1 Issuer Obligations 90.004 417,187 678,223 916.691 2,102,105 2.5 0.0 2,102,105 1.2 Single Class Mortgage-Backed/Asset-Backed Securities 2,559,362 916,691 2,000,555 678,223 6,154,831 1,021,327 1.4 6,154,831 1.7 Totals 2. All Other Governments, Schedules D & DA (Group 2) 0.0 0.0 2.1 Issuer Obligations . ..0.0 .0.0 2.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 2.3 Defined 0.0 .0.0 0.0 2.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES .0.0 2.5 Defined 2.6 Other 0.0 0.0 0.0 0.0 2.7 Totals 3. States. Territories, and Possessions Guaranteed, Schedules D & DA (Group 3) .1,037,488 3.1 Issuer Obligations 1,037,488 .1.2 0 0 1.037.488 ..0..0 .0.0 3.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 3.3 Defined ..0.0 ..0.0 3.4 Other 0.0. MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES 3.5 Defined .0.0 0.0 0.0 3.6 Other 0 0 1.037.488 0 1 037 488 1.2 0.0 1.037.488 3.7 Totals 4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4) .553,727 .5,570,603 6.6 0.0 ..4,476,638 .540,237 .5,570,603 4.1 Issuer Obligations 4.2 Single Class Mortgage-Backed/Asset-Backed Securities 0.0 ..0.0 MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 4.3 Defined 0.0 .0.0 0.0 .0.0 4.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES ..0.0 4.5 Defined 0.0 0.0 4.6 Other 4,476,638 540,237 5,570,603 6.6 5,570,603 4.7 Totals 553,727 0.0 5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Schedules D & DA (Group 5) .8,878,890 .905,833 .16,757,194 19.8 ..0.0 .16,757,194 .6,972,470 5.1 Issuer Obligations .1,255,402 .642,628 .2,073,622 .1,898,427 ..5,870,079 ..0.0 ..5,870,079 5.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 0.0 .0.0 5.3 Defined 5.4 Other 0.0 .0.0 MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES 0.0 5.5 Defined 0.0 0.0 5.6 Other

2,161,235

22,627,273

26.7

0.0

22,627,273

642,628

9,046,092

10,777,317

SCHEDULE D - PART 1A - SECTION 2 (continued) Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

_		Maturity Distribution	of All Bonds Owned	December 31, at Book	Aujusteu Carrying va	liues by Major Type ar	iu Subtype of iss				
	1	2	3	4	5	6	7	8	9	10	11
		Over 1 Year Through	Over 5 Years	Over 10 Years			Col. 6 as a	Total from Col. 6	% From Col. 7	Total Publicly	Total Privately
Distribution by Type	1 Year or Less	5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	Placed
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)										
6.1 Issuer Obligations	0	305,047	٥	0	0	305,047	0.4	0	0.0	305,047	0
6.2 Single Class Mortgage-Backed/Asset-Based Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
6.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
6.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
6.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
6.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
6.7 Totals	0	305,047	0	0	0	305,047	0.4	0	0.0	305,047	0
7. Industrial & Miscellaneous (Unaffiliated), Schedu	les D & DA (Group 7)	•				·				·	
7.1 Issuer Obligations	38,179,766	5,798,815	2,366,572	0	0	46,345,153	54.7	71,713,280	98.6	45 , 824 , 997	520 , 156
7.2 Single Class Mortgage-Backed/Asset-Based Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES		-									
7.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
7.4 Other	34,214	114 , 199	1,253,353	0	0	1,401,766	1.7	0	0.0	1,401,766	0
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
7.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
7.6 Other	595,946	569,372	72,940	0	0	1,238,258	1.5	0	0.0	1,238,258	0
7.7 Totals	38,809,926	6,482,386	3,692,865	0	0	48,985,177	57.8	71,713,280	98.6	48,465,021	520,156
8. Credit Tenant Loans, Schedules D & DA (Group 8	3)										
8.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	0	0
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
9. Parents, Subsidiaries and Affiliates, Schedules D	& DA (Group 9)	•									
9.1 Issuer Obligations	0	0	0	1 0	0	0	0.0	0	0.0	0	0
9.2 Single Class Mortgage-Backed/Asset-Based Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
9.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
9.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
9.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
9.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

SCHEDULE D - PART 1A - SECTION 2 (continued) Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Maturity Distrib	ution of All Bond	s Owned Decemb		usted Carrying Va			Issues	•	•	•	
	1	2	3	4	5	6	7	8	9	10	11
		Over 1 Year	Over 5 Years	Over 10 Years		Total		Total From Col. 6		Total Publicly	Total Privately
Distribution by Type	1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Current Year	of Line 10.7	Prior Year	Prior Year	Traded	Placed
10. Total Bonds Current Year											
10.1 Issuer Obligations	40,649,125	20, 173,826	11,785,699	1,459,560	0	74,068,210	87.5	XXX	XXX	73,548,054	520 , 156
10.2 Single Class Mortgage-Backed/Asset-Backed Securities	732,632	2,490,809	2,576,650	2,172,094	0	7,972,185	9.4	XXX	XXX	7,972,185	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
10.3 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.4 Other	34,214	114 , 199	1,253,353	0	0	1,401,766	1.7	XXX	XXX	1,401,766	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES		,									
10.5 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.6 Other	595,946	569,372	72,940	0	0	1,238,258	1.5	XXX	XXX	1,238,258	0
10.7 Totals	42.011.916	23.348.206	15.688.642	3,631,654	0	84.680.419	100.0	XXX	XXX	84.160.263	520 , 156
10.8 Line 10.7 as a % of Col. 6	50.0	28.0	19.0	4.0	0.0	100.0	XXX	XXX	XXX	99.0	1.0
11. Total Bonds Prior Year					***						
11.1 Issuer Obligations	71.713.280	1.021.327	n	0	n	XXX	XXX	72.734.607	100.0	72.734.607	0
11.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	n	0	n	XXX	XXX	0	0.0	1 2,701,007	n
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
11.3 Defined	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.4 Other	0	0	0	0	0	XXX	XXX	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
11.5 Defined	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.6 Other	0	0	0	0	0	XXX	XXX	0		0	0
11.7 Totals	71.713.280	1.021.327	0	0	0	XXX	XXX	72.734.607	100.0	72.734.607	0
11.8 Line 11.7 as a % of Col. 8	99.0	1.0	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds	55.0	1.0	0.0	0.0	0.0	AAA	λλλ	100.0	AAA	100.0	0.0
12.1 Issuer Obligations	40.649.125	19,796,860	11,642,509	1,459,560	0	73,548,054	86.9	72,734,607	100.0	73,548,054	XXX
12.1 Issuer Obligations 12.2 Single Class Mortgage-Backed/Asset-Backed Securities	40,049,125	19,790,800	2.576.650		U	7 , 972 , 185	9.4	12,734,007	0.0	73,546,054	XXX
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES		2,490,009	2,370,030	2, 172,094	U		9.4	U			ΛΛΛ
12.3 Defined	٥	0	0	0	0	0	0.0	0	0.0	0	XXX
12.4 Other	34.214	114 , 199	1,253,353	 N		1.401.766	1 7	0 0	0.0	1,401,766	XXX
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES		114,199	1,200,000	0	U	1,401,700	1 . 1		0.0	1,401,700	ΛΛΛ
	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.5 Defined	595,946	569,372	72,940	0	0	1,238,258	1.5	0		1,238,258	XXX
	42.011.916	22,971,241	15,545,452	3,631,654	0	84, 160, 263	99.4	72,734,607	100.0	84,160,263	XXX
12.7 Totals	42,011,910	22,971,241		4.0	0.0	04, 100, 203	99.4 XXX		XXX	04, 100, 203	XXX
12.8 Line 12.7 as a % of Col. 6	50.0	27 .0 27 .0	18.0	4.0	0.0	99.0	XXX	XXX	XXX	99.0	XXX
	30.0	21.0	10.0	4.0	0.0	99.0	۸۸۸	۸۸۸	۸۸۸	99.0	۸۸۸
13. Total Privately Placed Bonds	0	270 000	440 404	0	0	F00 4F0	0.0	0	0.0	XXX	F00 4F0
13.1 Issuer Obligations	U	376,966	143 , 191	U	U	520 , 156	0.6	U	0.0	XXX	520 , 156
13.2 Single Class Mortgage-Backed/Asset-Backed Securities		D	D	0	U	l	0.0	D	0.0	λλλ	ł0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES	^	0	^	0	^	^	0.0	0	0.0	vvv	^
13.3 Defined	 0	U	D		U	U	0.0	D	0.0	XXXXXX	 0
13.4 Other		U	D	0	0	J		D	0.0	λλλ	J0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES	0	0	^	0	^	^	0.0	0	0.0	XXX	0
13.5 Defined	0 0	0 0	D		 N	J	0.0				J
13.6 Other	•	U	U	0	U	500 450	0.0	0		XXX	500 450
13.7 Totals	0	376,966	143,191	0	0	520 , 156	0.6	0	0.0	XXX	520 , 156
13.8 Line 13.7 as a % of Col. 6	0.0	72.0	28.0	0.0	0.0	100.0	XXX	XXX	XXX	XXX	100.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	1.0	XXX	XXX	XXX	XXX	1.0

SCHEDULE DA - PART 2 - VERIFICATION BETWEEN YEARS

Short-Term Investm	nents				
	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets(a)	Investments in Parent, Subsidiaries and Affiliates
Book/adjusted carrying value, prior year	71,713,280	71,713,280	0	0	0
Cost of short-term investments acquired	481, 187, 724	481 , 187 , 724	0	0	0
Increase (decrease) by adjustment	88,640	88,640	0	0	0
Increase (decrease) by foreign exchange adjustment	0	0	0	0	0
Total profit (loss) on disposal of short-term investments	0	0	0	0	0
Consideration received on disposal of short-term investments	512,340,519	512,340,519	0	0	0
7. Book/adjusted carrying value, current year	40,649,125	40,649,125	0	0	0
8. Total valuation allowance	0	0	0	0	0
9. Subtotal (Lines 7 plus 8)	40,649,125	40,649,125	0	0	0
10. Total nonadmitted amounts	0	0	0	0	0
11. Statement value (Lines 9 minus 10)	40,649,125	40,649,125	0	0	0
12. Income collected during year	2,430,547	2,430,547	0	0	0
13. Income earned during year	2,430,547	2,430,547	0	0	0

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

SCHEDULE DB - PART A - VERIFICATION BETWEEN YEARS

Options, Caps, Floors and Insurance Futures Options Owned

1.	Book value, December 31, prior year (Line 8, prior year)	(
2.	Cost/Option Premium (Section 2, Column 7)	
3.	Increase/(Decrease) by Adjustment (Section 1, Column 12)+(Section 3, Column 13)	
4.	Gain/(Loss) on Termination:	
	4.1 Recognized (Section 3, Column 14))
	4.2 Used to Adjust Basis of Hedged Item (Section 3, Column 15))
5.	Consideration Received on Terminations (Section 3, Column 12)	
6.	Used to Adjust Basis on Open Contracts (Section 1, Column 13)	
7.	Disposition of Deferred Amount on Contracts Terminated in Prior Year:	
	7.1 Recognized	
	7.2 Used to Adjust Basis of Hedged Item	
8.	Book value, December 31, current year (Lines 1 + 2 + 3 + 4 – 5 – 6 - 7)	(

SCHEDULE DB - PART B - VERIFICATION BETWEEN YEARS

Options, Caps, Floors and Insurance Futures Options Written

1.	Book value, December 31, prior year (Line 8, prior year)	0
2.	Consideration received (Section 2, Column 7)	0
3.	Increase/(Decrease) by Adjustment (Section 1, Column 12)+(Section 3, Column 13)	0
4.	Gain/(Loss) on Termination:	
	4.1 Recognized (Section 3, Column 14)	
	4.2 Used to Adjust Basis (Section 3, Column 15)	0
5.	Consideration Paid on Terminations (Section 3, Column 12)	0
6.	Used to Adjust Basis on Open Contracts (Section 1, Column 13)	0
7.	Disposition of Deferred Amount on Contracts Terminated in Prior Year:	
	7.1 Recognized	
	7.2 Used to Adjust Basis	0
8.	Book value, December 31, current year	0

SCHEDULE DB - PART C - VERIFICATION BETWEEN YEARS

Swaps and Forwards

1.	Book value, December 31, prior year (Section 4, Line 8, prior year)
2.	Cost or (Consideration Received) (Section 2, Column 7)
	Increase/(Decrease) by Adjustment (Section 1, Column 12) plus (Section 3, Column 13)
4.	Gain/(Loss) on Termination:
	4.1 Recognized (Section 3, Column 14)
	4.2 Used to Adjust Basis of Hedged Item (Section 3, Column 15)
5.	Consideration Received (or Paid) on Terminations (Section 3, Column 12)
6.	Used to Adjust Basis of Hedged Item on Open Contracts (Section 1, Column 13)
7.	Disposition of Deferred Amount on Contracts Terminated in Prior Year:
	7.1 Recognized
	7.2 Used to Adjust Basis of Hedged Item
8.	Book value, December 31, current year (Lines 1 + 2 + 3 + 4 – 5 – 6 - 7)

SCHEDULE DB - PART D - VERIFICATION BETWEEN YEARS

Futures Contracts and Insurance Futures Contracts

1. Book value, December 31, prior year (Section 4, Line 8, prior year)		
2. Change in total Variation Margin on Open Contracts (Difference between years - Section 1, Column 6)		
3.1 Change in Variation Margin on Open Contracts Used to Adjust Basis of Hedged Item (Section 1, Column 11)		
3.2 Change in Variation Margin on Open Contracts Recognized (Difference between years - Section 1, Column 10)		
4.1 Variation Margin on Contracts Terminated During the Year (Section 3, Column 6)		
4.2 Less:		
4.21 Gain/(Loss) Recognized in Current Year (Section 3, Column 11)		
4.22 Gain/(Loss) Used to Adjust Basis of Hedge (Section 3, Column 12)	0	
4.3 Subtotal (Line 4.1 minus Line 4.2)		
5.1 Net additions to Cash Deposits (Section 2, Column 7)		
5.2 Less: Net Reductions to Cash Deposits (Section 3, Column 9)	0	
6. Subtotal (Lines 1 - 2 + 3.1 + 3.2 - 4.3 + 5.2)		
7. Disposition of Gain/(Loss) on Contracts Terminated in Prior Year:		
7.1 Recognized		
7.2 Used to Adjust Basis of Hedged Item		Ω
8. Book value, December 31, Current Year (Lines 6 + 7.1 + 7.2)		

SCHEDULE DB - PART E - VERIFICATION BETWEEN YEARS

Statement Value and Fair Value of Open Contracts

Statement Value

1.	Part A, Section 1, Column 10	0
2.	Part B, Section 1, Column 10.	0
3.	Part C, Section 1, Column 10	0
4.	Part D, Section 1, Column 9 - 12	0
5.	Lines (1) - (2) + (3) + (4)	0
6.	Part E, Section 1, Column 4	
7.	Part E, Section 1, Column 5	0
8.	Lines (5) - (6) - (7)	0
		Fair Value
9.	Part A, Section 1, Column 11	
10.	Part B, Section 1, Column 11	0
10.	Part A, Section 1, Column 11	0
10. 11.	Part B, Section 1, Column 11	0 0 0
10. 11. 12.	Part B, Section 1, Column 11 Part C, Section 1, Column 11	0 0 0
10. 11. 12. 13.	Part B, Section 1, Column 11. Part C, Section 1, Column 11. Part D, Section 1, Column 9.	0 0 0 0
10. 11. 12. 13.	Part B, Section 1, Column 11. Part C, Section 1, Column 11. Part D, Section 1, Column 9. Lines (9) - (10) + (11) + (12).	0 0 0 0 0

SCHEDULE DB - PART F - SECTION 1

Replicated (Synthetic) Assets Open

	D. P. de	1.(0 - 11 - 12 -) 4 1			Comparents of the Danisated (Carthetis) Asset						
	Replicated	d (Synthetic) Asset					Compo	nents of the Replicated (Synthetic)			
1	2	3	4	5	Derivative Instruments (Open		Cash	Instrument(s) H	eld	
					6	7	8	9	10	11	12
Replication		NAIC			-		-		-		NAIC Designation or Other Description
Replication RSAT		Designation or	Statement						Statement		Designation or
Number	Description	Other Description	Value	Fair Value	Description	Fair Value	CUSIP	Description	Value	Fair Value	Other Description
Number	Description	Other Description	value	Fair value	Description	Fair value	CUSIP	Description	value	Fair value	Other Description
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9999999 Totals			XXX		XXX	XXX			XXX		

SCHEDULE DB - PART F - SECTION 2

Reconciliation of Replicated (Synthetic) Assets Open

	Firet C	Quarter		Quarter		Quarter	Fourth	Quarter	Year-to-Date	
	1	2	3	Quarter 4	5	6	7	Ruarter 8	9	10
	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	Number of Positions	Total Replicated (Synthetic) Assets	Number of Positions	Total Replicated (Synthetic) Assets	Number of Positions	Total Replicated (Synthetic) Assets	9 Number of Positions	Total Replicated (Synthetic) Assets Statement Value
Beginning Inventory	0	0	0	0	0	0	0	0	0	0
Add: Opened or Acquired Transactions									0	0
Add: Increases in Replicated Asset Statement Value	XXX		XXX		XXX		XXX		XXX	0
Less: Closed or Disposed of Transactions									0	0
Less: Positions Disposed of For Failing Effectiveness Criteria									0	0
Less: Decreases in Replicated (Synthetic) Asset Statement Value	XXX		XXX		XXX		XXX		XXX	0
7. Ending Inventory	0	0	0	0	0	0	0	0	0	0

0399999 Totals

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE Great Lakes Health Plan, Inc.

SCHEDULE S - PART 1 - SECTION 2

	Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year										
1 NAIC	2 Federal ID	3	4	5	6 Type of Reinsurance	7	8 Unearned	9 Reserve Liability Other Than for Unearned	10 Reinsurance	11 Modified Coinsurance	12 Funds Withheld
Company Code	Number	Effective Date	Name of Reinsured	Location	Assumed	Premiums	Premiums	Premiums	Payable on Paid and Unpaid Losses	Reserve	Under Coinsurance
	•										
		<u> </u>						 			
											
	•										
	•										
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SCHEDULE S - PART 2 Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1	1 2 3		ole on Paid and Unpaid Losses Listed by Rei 4	5	7	
NAIC Company	Federal ID					
Company Code	Number	Effective Date	Name of Company	Location	Paid Losses	Unpaid Losses
0499999 - Acci 0699999 - Tota	ident and Health als - Accident an	- Affiliates d Health			0	
		•				
		•				
		•				
		•				
		•				
		•				
		•				
		•				
		•				
0799999 – To	otals – Life. Annı	uity and Accident a	nd Health		0	

SCHEDULE S - PART 3 - SECTION 2

	Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year											
1	2	3	4	5	6	7	8	9	Outstanding	Surplus Relief	12	13
NAIC								Reserve Credit	10	11	Modified	
Company	Federal ID						Unearned Premiums	Taken Other than for			Coinsurance	Funds Withheld
Code	Number	Effective Date	Name of Company	Location	Type	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
79413	36-2739571	01/01/2005	United Healthcare Insurance Company	450 Columbus Blvd. Hartford, CT 06103		1,202,065						
		d General Account	- Affiliates			1,202,065						
	Total Authorized					1,202,065						
0799999 -	Total Authorized	d and Unauthorize	d General Account			1,202,065						
		ts Unauthorized -	Non-Affiliates			0						
	Separate Accoun					0						
1499999 -	Total Authorized	d and Unauthorize	d Separate Accounts			0						
						•						
[†							· · · · · · · · · · · · · · · · · · ·
						•						
	· · · · · · · · · · · · · · · · · · ·				•							
				•••••	***************************************	• • • • • • • • • • • • • • • • • • • •						•••••
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					†							
					1							
[
					<u> </u>							
1599999	Totals					1,202,065						

SCHEDULE S - PART 4

-	_		
Reinsurance	Ceded to	Unauthorized	Companies

	Reinsurance Ceded to Unauthorized Companies												
1	2	3	4	5	6	7	8	9	10	11	12	13	14 Sum of Cols
NAIC					Paid and Unpaid Losses Recoverable					Funds Deposited by and Withheld from			9+10+11+12+13
Company	Federal ID Number	Effective		Reserve Credit	Losses Recoverable		Total			and Withheld from		Miscellaneous	But Not in
Code	Number	Date	Name of Reinsurer	Taken	(Debit)	Other Debits	(Cols. 5+6+7)	Latters of Credit	Trust Agreements	Reinsurers	Other	Balances (Credit)	Excess of Col. 8
Code	Number	Date	Name of Remsuler	raken	(Debit)	Other Debits	(Cois. 5+0+7)	Letters of Credit	Trust Agreements	Remsulers	Other	balances (Credit)	Excess of Col. 6
							ļ		ļ	ļ			
									<u> </u>	 		.	
				l				L		1	L		
	• • • • • • • • • • • • • • • • • • • •												
····							·····		····	†		†	
												†	
	<u> </u>												
1199999	Total												
				555 TOLAI									

Schedule S-Part 5 Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

(000 Offitted)											
		1 2007	2 2006	3 2005	4 2004	5 2003					
Α. (OPERATIONS ITEMS										
1.	Premiums	0	0	0	0	0					
2.	Title XVIII-Medicare	0	0	0	0	0					
3.	Title XIX-Medicaid	1,202	940	1 , 106	799	1,246					
4.	Commissions and reinsurance expense allowance		0	0	0	0					
5.	Total hospital and medical expenses		0	0	0	0					
В. І	BALANCE SHEET ITEMS										
6.	Premiums receivable		0	0	0	0					
7.	Claims payable		0	0	0	0					
8.	Reinsurance recoverable on paid losses	0	0	0	79	85					
9.	Experience rating refunds due or unpaid		0	0	0	0					
10.	Commissions and reinsurance expense allowances unpaid		0	0	0	0					
11.	Unauthorized reinsurance offset	0	0	0	0	0					
	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)										
12.	Funds deposited by and withheld from (F)	0	0	0	0	0					
13.	Letters of credit (L)	0	0	0	0	0					
14.	Trust agreements (T)	0	0	0	0	0					
15.	Other (O)	0	0	0	0	0					

SCHEDULE S-PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 10)	80,404,120		80 , 404 , 120
2.	Accident and health premiums due and unpaid (Line 13)	0		0
3.	Amounts recoverable from reinsurers (Line 14.1)	0		0
4.	Net credit for ceded reinsurance.	xxx	0	0
5.	All other admitted assets (Balance).	4,297,374		4,297,374
6.	Total assets (Line 26)	84,701,494	0	84,701,494
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	38,672,401	0	38,672,401
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	0		0
10.	Funds held under reinsurance treaties with authorized and unauthorized insurers (Line 17)	0		0
11.	Reinsurance in unauthorized companies (Line 18)	0		0
12.	All other liabilities (Balance)	4,050,867		4,050,867
13.	Total liabilities (Line 22)	42 ,723 ,268	0	42,723,268
14.	Total capital and surplus (Line 31)	41,978,226	XXX	41,978,226
15.	Total liabilities, capital and surplus (Line 32)	84,701,494	0	84,701,494
	NET CREDIT FOR CEDED REINSURANCE			
16.	Claims unpaid	0		
17.	Accrued medical incentive pool.	0		
18.	Premiums received in advance	0		
19.	Reinsurance recoverable on paid losses	0		
20.	Other ceded reinsurance recoverables			
21.	Total ceded reinsurance recoverables			
22.	Premiums receivable	0		
23.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24.	Unauthorized reinsurance	0		
25.	Other ceded reinsurance payables/offsets	0		
26.	Total ceded reinsurance payables/offsets	0		
27.	Total net credit for ceded reinsurance	0		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

		Allocate	ed by States and Terri				
		1	2	Direct Bus	iness Only	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama							
2. Alaska							
3. Arizona	AZ						
4. Arkansas							
5. California							
	CO						
7. Connecticut							
8. Delaware							
9. District of Columbia							
10. Florida	FL						
11. Georgia							
12. Hawaii							
13. Idaho							
14. Illinois	IL				·	·····	}
15. Indiana 16. Iowa							
16. Iowa							
17. Kansas			·····		l	·····	····
18. Kentucky 19. Louisiana							
	LA ME				·		····
20. Maryland							
22. Massachusetts							
23. Michigan							
24. Minnesota							
25. Mississippi							
	MO						
27. Montana							
28. Nebraska						• • • • • • • • • • • • • • • • • • • •	
29. Nevada							
30. New Hampshire							
31. New Jersey						•	
32. New Mexico							
33. New York							
34. North Carolina							
35. North Dakota							
36. Ohio							
37. Oklahoma							
38. Oregon		• • • • • • • • • • • • • • • • • • • •					
39. Pennsylvania	PA						
40. Rhode Island							
41. South Carolina							
	SD						
43. Tennessee							
44. Texas							
45. Utah							
46. Vermont	VT						
47. Virginia							
48. Washington							
49. West Virginia							
50. Wisconsin							<u> </u>
51. Wyoming							
52. American Samoa							
53. Guam							
54. Puerto Rico							
55. U.S. Virgin Islands							
56. Northern Mariana Islands							
57. Canada							
58. Aggregate Other Alien							
		0	0	0	0	0	I

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES												
1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC					Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the	Management	Income/ (Disbursements) Incurred Under		Any Other Material Activity Not in the Ordinary Course of	· -	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve
Company	Federal ID		Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance	_	the Insurer's	-	Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
	. 41 - 1913523 27 - 0015861	ACN Group IPA of New York, Inc		6,973,000					······*	•	6,973,000	
		ACN Group of California, Inc.					20 524 624			•		
00400	41-4591944	ACN Group, Inc.					30,534,634	(40, 444)			30,534,634	(24.000)
82406 97179	35-1665915	All Savers Insurance Company. American Medical Security Life Ins Co.	/470 000 000)	F 000 0F0			(3,487) 4,774,822	(43,444)	· · · · · · · · · · · · · · · · · · ·		(46,931)	(34,900)
9/1/9	. 86 - 0207231 47 - 0875734	American Medical Security Life ins Co	(170,000,000)	5,668,958			1,316,396				(157,996,123)	501,086
	4/-08/5/34	AmeriChoice Alliance, Inc.	0				1,310,396					
	54 - 1743136	AmeriChoice Corporation	-				400 400 040				0	
05407	54-1743141	AmeriChoice Health Services, Inc	-				109, 162, 613				109, 162, 613	
95497	. 22-3368602	AmeriChoice of New Jersey, Inc		0 000 000			(54,704,890) (16,754,890)	/4 040 754\			(54,704,890)	00 004 050
95033	. 54 - 1495918	AmeriChoice of Pennsylvania, Inc		3,000,000			(16,754,890)	(1,312,754)		•	(15,067,644)	38,361,953
	61-1314126	Aperture Credentialing, Inc. Arizona Physicians IPA, Inc.					(454 700 007)		· · · · · · · · · · · · · · · · · · ·	•	U	
	. 86-0813232	Arizona Physicians IPA, Inc.					(151,782,687)		· · · · · · · · · · · · · · · · · · ·	•	(151,782,687)	
05440	35-1812034	Arnett Health Plans, Inc.				40 007 055	(40 040 070)	(04.074)	· · · · · · · · · · · · · · · · · · ·	•	U	
95440	. 35-1736982	Arnett HMO, Inc		5,500,000		16,027,355	(13,216,073)	(61,871)	· · · · · · · · · · · · · · · · · · ·	•	8,249,411	
	04.044405	Arnett Practice Association, LLU				(16,027,355)			· · · · · · · · · · · · · · · · · · ·	•	(16,027,355)	
	94-3111105	Behavioral Health Administrators.							· · · · · · · · · · · · · · · · · · ·			
	. 04 - 3545055	CareTracker Technologies, Inc.									0	
	50 4044470	ClinPharm International Limited	.								0	
	. 52-1811176	DBP Services of New York IPA, Inc										
	01-0518346	Dub Resource Uptions, LLG									U	
	41-1966185	Definity Health Corporation	/ = 000 000				/0.400.040\				U	
	. 52-1452809 . 36-4008355	Dental Benefit Providers of IL, Inc	(5,000,000)				(2,488,842) (35,527)			•	(7,488,842) (35,527)	
52053	. 52-1500049	Dental Benefit Providers of IL, Inc	0	2 500 000			(30,027)		· · · · · · · · · · · · · · · · · · ·	•	(30,327)	
47040		Dental Benefit Providers of MD, Inc		2,500,000			(429,291) 105,574,705		· · · · · · · · · · · · · · · · · · ·		2,070,709 105,574,705	
	. 41-2014834	Dischility Computing Course IIC					105,574,705		· · · · · · · · · · · · · · · · · · ·	•	105,574,705	
	. 01-0490022 30-0238641	Disability Consulting Group, LLC Distance Learning Network, Inc							· · · · · · · · · · · · · · · · · · ·	•	U	
	. 30-0238041	Duncan Printing Services, LLC.	/40 005 700\						· · · · · · · · · · · · · · · · · · ·	•	U	
		Duncan Printing Services, LLC E.C. Investigaciones del Sur S.A	(12,935,738)						· · · · · · · · · · · · · · · · · · ·		(12,935,738)	
	84-1162764	Flootropic Network Customs Inc.	U						· · · · · · · · · · · · · · · · · · ·			
	36-3903346	Electronic Network Systems, Inc. Envision Care Alliance Inc.							· · · · · · · · · · · · · · · · · · ·			
		European Health Economics (UK) Ltd			†							
		European Health Economics (UK) Ltd European Health Economics AB			t					·		
	86-0964571	Evercare Collaborative Solutions, Inc										
	30-0226127	Evercare Hospice, Inc			····							
	86-0618309	Evercare of Arizona, Inc	(10,000,000)				(20,556,361)		· · · · · · · · · · · · · · · · · · ·	•	(30,556,361)	
	41-1962017	EverCare of New York, IPA, Inc.	(10,000,000)				(20,000,001)		· · · · · · · · · · · · · · · · · · ·	•	(30,300,301)	
11141	91-2008361	Evercare of Texas, L.L.C.	(5,000,000)				(52,297,509)				(57,297,509)	
11141	47 - 0858530	Exante Financial Services, Inc.	(3,000,000)		†		(52,281,508)			•	(01, 182, 10)	
	. 41 -00000000	FHP Reinsurance Limited	U								 n	
	52 - 1456623	FirstCall, Inc.	-		†					†	 n	
	. 02-1400020	Frederick Associates, LLC.			t				· · · · · · · · · · · · · · · · · · ·	†	 n	
	48 - 1090471	GeoAccess, Inc.			t	†				†	 n	
	37 - 0855360	Golden Rule Financial Corporation	15,164,356		t		4.421.448			†	19,585,804	
62286	. 37 - 6028756	Golden Rule Insurance Company	(165, 164, 356)		t	İ	(35,804,415)	43.444		† · · · · · · · · · · · · · · · · · · ·	(200,925,327)	34.900
95467	. 38-3204052	Great Lakes Health Plan, Inc.	(103,104,330)		†		(49,891,610)	(460,722)			(50, 352, 332)	444,527
JUTU1	98-0213198	H & W Indemnity. Ltd.	υ		İ			(400,122)			(JU, JUZ, JUZ) N	
	. 00 -02 10 100					•				•		

The content of the		PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES											
No. Corporation Protect Description Protect Description Protect Description Protect Description Protect Description	1	2	3	4	5	6	7	8	9	10		12	13
36812222 septification elementarisations inc.	Company					Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other	Incurred in Connection with Guarantees or Undertakings for the Benefit of any	Agreements and	(Disbursements) Incurred Under Reinsurance		Activity Not in the Ordinary Course of the Insurer's		Recoverable/ (Payable) on Losses and/or Reserve Credit
15-07839	Code			Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
41-19050			Health Line Inc								•	U	
\$2-963210 Interface Inte		. 90-4703349	Healthia Conculting Inc								•	U	
\$2-963210 Interface Inte		16-1617628	Healthia Evchange IIC						• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·			
\$2-998(217) Inc.		52-1638210	HomeCall Pharmaceutical Services Inc	• • • • • • • • • • • • • • • • • • • •					•			U	
01-653866 wiff, Inc.		52-1030210	HomeCall Inc									0 N	
Section Sect		01-0533846	HWT Inc									0 n	
Hypical Corporation (Instantion)		36-4331825											
Myglia Travel Health Richtings Co.		. 50-4551025	Hygeia Corporation (Ontario)									 N	
99-064927 il 3 Careda, Inc. 3 Careda			Hygeia Travel Health Holdings Co						•				
99-064927 il 3 Careda, Inc. 3 Careda			i Tres Latin America Costa Rica S A						• • • • • • • • • • • • • • • • • • • •				
Size Appart LEC. Size Size Appart Lec. Size Lec. Siz		98-0544921	i3 Canada Inc						• • • • • • • • • • • • • • • • • • • •			0	
13 Lat in America Argent Ins S.A. 0 0		. 00 0011021	i3 Japan IIC									0	
3 Latin America Dhile S.A. 0 0			i3 Latin America Argentina S A							•		0	
3 Latin America Dhile S.A. 0 0			i3 Lat Am Brasil S. de Psqusa Cloca									0	
3 Lat In Merica Pert S.A.			i3 Latin America Chile S.A.									0	
13 Poland sp z o o 50 Beograd 5 50 Beograd 5 5 5 5 5 5 5 5 5												0	
13 Research of d. o. Beograd			i3 Poland sp z.o.o.									0	
13 Research Limited			i3 Research d.o.o. Beograd									0	
33-2432067 IBA Self-Funded Group. Inc.												0	
33-2432067 IBA Self-Funded Group. Inc.	81450	38-2346432	IBA Health and Life Assurance Co					(10,370,999)				(10,370,999)	
86-0477097 Information Network Corporation. 20,576,864 20,576,864		38-2432067	IBA Self-Funded Group. Inc.					, , , , , , , , , , , , , , , , , , , ,				0′	
Ingen ix Canada Partnership.			Information Network Corporation.					20,576,864				20,576,864	
1 1 1 1 1 1 1 1 1 1			Ingenix Canada Partnership									0	
Ingenix International (Finland) 0y.		. 35-2170347	Ingenix Health Intelligence. Inc.									0	
Ingenix International (Finland) 0y.			Ingenix Int'l (Czech Republic) s.r.o.									0	
Ingenix International (Netherlands) BV 0 0 0 0 0 0 0 0 0			Ingenix International (Finland) Oy						• • • • • • • • • • • • • • • • • • • •			0	
Ingenix International (Netherlands) BV			Ingenix International (Hong Kong) Ltd									0	
Ingenix Pharm Svcs (Australia) Pty. Ltd			Ingenix International (Italy) S.r.I									0	
Ingenix Pharm Svcs (Australia) Pty. Ltd			Ingenix International (Netherlands) BV									0	
Ingenix Pharm Svcs (Deutschland) GmbH.			Ingenix International Hungary Ltd.									0	
Ingenix Pharm Svcs (France) SARL			Ingenix Pharm Svcs (Australia) Pty. Ltd									0	
Ingenix Pharm Svcs (Spain) S.L.			Ingenix Pharm Svcs (Deutschland) GmbH									0	
Ingenix Pharm Svcs (Spain) S.L.			Ingenix Pharm Svcs (France) SARL									0	
Ingenix Pharm Svcs (Sweden) AB. 0			Ingenix Pharm Svcs (RSA) Proprietary Ltd									0	
Ingenix Pharm Svcs (UK) Ltd. 0			Ingenix Pharm Svcs (Spain) S.L.										
Ingenix Pharm Svcs doo. O Ingenix Pharm Svcs de Argentina SRL O O			Ingenix Pharm SVCs (Sweden) AB.										
Ingenix Pharm Svcs de Argentina SRL			Ingenix Pharm SVCS (UK) Ltd.										
Ingenix Pharm Svcs Mexico SA de CV. 0 1 1 1 1 1 1 1 1 1			Ingenix Pharm Suca do Argentino CDI									U	
41-1975147 Ingenix Pharm Svcs, Inc. 0 20-4581265 Ingenix Public Sector Solutions, Inc. 0 0 0 0 0 0 0 0 0			Ingenix Pharm Sves de Argentina SKL		 	-					 	U	
20-4581265 Ingenix Public Sector Solutions, Inc. 0 54-1526076 Ingenix Publishing, Inc. 2,650 2,650 2,650			Ingenix Pharm Succ. Inc.									U	
54-1526076 Ingenix Publishing, Inc. 2,650 2,650 2,650 41-1858498 Ingenix, Inc. 366,631 366,631 366,631			Ingenix Public Coster Colutions Inc	-	ł	·					 	U	
41-1858498 Ingenix, Inc. 366,631 366,631 366,631 366,631		. ZU-4001ZU0	Ingenix Publishing Inc	-	 	·		2 050			†	U	
Innovus Research (ILK.) Limited					 	·					 		
Liatintrials linguis S R I		41-1000490				·							
		1	Latintrials Uruguay S.R.I.	†	†	İ					†		

	PARI 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES											
NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	10	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	36-3338328	Lifemark Corporation				` '	18,854,632	~			18,854,632	` **
	05-0471309	LighthouseMD', Inc.					· · · · ·				0	
		MAMSI Insurance Resources, LLC					12,835,341				12,835,341	
60321	52-1803283	MAMSI Life and Health Insurance Company.		(14, 127, 353)			44,054,566				29,927,213	
	14-1782475	Managed Physical Network Inc		, , , , , , , , , , , , , , , , , , , ,			, ,				0	
96310	52-1169135	MD-Individual Practice Association, Inc.					(71,118,458)	(645,551)			(71,764,009)	
		Medical Network, Inc					(, -, -,	(, , , , ,			0	
		MediEynress Sdn Rhd									0	
		Mid Atlantic Medical Services, LLC					59 , 775 , 787				59,775,787	
	39 - 1653251	Midwest Security Administrators, Inc					(1.976.486)				(1,976,486)	
	39-1624025	Midwest Security Care, Inc.					148.927				148,927	
	39-1127271	Midwest Security Holding, Inc.					(817, 287)				(817, 287)	
79480	35-1279304	Midwest Security Life Insurance Company	(11,700,000)				(2,128,403)				(13,828,403)	
	52-2085009	MLH Life Trust	0′				\				0′	
	41-1485369	National Benefit Resources, Inc.					15,513,080				15,513,080	
95251	76-0196559	National Pacific Dental, Inc.	(2,000,000)				(1.641.392)				(3.641.392)	
95123	65-0996107	Neighborhood Health Partnership, Inc.	(12,700,000)				(50,554,280)				(63,254,280)	
95758	88-0228572	Nevada Pacific Dental, Inc.	0′				(5,748,000)				(5,748,000)	
	91-2197277	NPD Dental Services, Inc.					, , , ,				0′	
12225	20 - 1639614	NPD Insurance Company, Inc									0	
		Omega Insurance Advisors Private Limited.									0	
		OneNet PPO. LLC	(4,485,722)				(470,069)				(4,955,791)	
96940	52 - 1518174	Optimum Choice, Inc	0′				(107 , 927 , 892)				(107,927,892)	
	47 - 0858534	OptumHealth Bank, Inc.		10,000,000			(14,548)				9,985,452	
	41 - 1921007	Ovations. Inc.									0	
	06-1587795	Oxford Benefit Management, Inc.									0	
78026	22-2797560 06-1181201	Oxford Health Insurance, Inc.	(26,000,000)					(188,685,663)			(214,685,663)	235 , 117 , 306
96798	06-1181201	Oxford Health Plans (CT), Inc.	(12,000,000)				(8,753,331)				(20,753,331)	
95506	22 - 2745725	Oxford Health Plans (NJ), Inc.	(47,500,000)	(5,940,000)			(22,635,481)	(4,055,815)			(80 , 131 , 296)	
95479	06-1181200	Oxford Health Plans (NY), Inc.	26,000,000								26,000,000	
		Oxford Heath Plans LLC	0				31,388,812				31,388,812	
		Pacific Pharma Partners Pte Ltd									0	
	94-2904953	Pacific Union Dental, Inc	(1,000,000)				(3,048,687)				(4,048,687)	
	95-4166547	PacifiCare Behavioral HIth of CA, Inc	(23,500,000)				(9,538,100)				(33,038,100)	
	33-0538634	PacifiCare Behavioral Health, Inc	0 [′]				47 , 204 , 519			(2,291,592)	44 ,912 ,927	
	95-2797931	PacifiCare Dental	(3,385,000)				(5,931,508)			(299,860)	(9,616,368)	
11189	94-3284628	PacifiCare Dental of Colorado, Inc	(64,000,000)				1,593,564			(19,223)	(62,425,659)	
	35 - 1508167	PacifiCare Health Plan Admin, Inc	0	121,000,000			582,483,092			(36, 282, 229)	667 , 200 , 863	
	20-3375956	PacifiCare Health Systems, LLC	0				56,686,343				56,686,343	
12322	20-2596962	PacifiCare Insurance Company	(25,000,000)				(343, 193)				(25,343,193)	
		PacifiCare International Limited	0						ļ		0	
70785	35-1137395 95-2829463	PacifiCare Life and Health Ins Co	(39,500,000)				(235, 169, 763)	(2,608,103)	ļ	115,116,953	(162,160,913)	(471,787)
84506	95-2829463	PacifiCare Life Assurance Company	0	5,000,000		ļ	(16,386,143)	(8, 194, 327)	ļ	(3,963,565)	(23,544,035)	
95617	94-3267522	PacifiCare of Arizona, Inc.			ļ	ļ	(188,037,750)	(1,155,879)		0	(189, 193, 629)	
	95-2931460	PacifiCare of California	(229,918,000)		 	ļ		6,337,707	ļ	(45,990,944)	(269,571,237)	
95434	84 - 1011378	PacifiCare of Colorado, Inc	0				(110,115,202)	(950,963)	ļ	(7,082,450)	(118,148,615)	
95685	86-0875231	PacifiCare of Nevada, Inc			.		(35,689,895)	(1,418,788)	ļ	(2,965,549)	(40,074,232)	

		PART 2 - SUMMARY		UKEK 3	IKANSA	CHONS		I AFFIL		LS		
1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
96903		PacifiCare of Oklahoma, Inc	(28,600,000)				(49, 104, 012)	292,810		(2,269,353)	(79,680,555)	
95893	93-0938819	PacifiCare of Oregon, Inc.	(24,100,000)	//0/ 000 000			(48,278,887)	226,427		(2,298,804)	(74,451,264)	
95174	33-0115163	PacifiCare of Texas, Inc.	0	(121,000,000)			(147,854,288)	(723,059)			(269,577,347)	
48038	91-1312551	PacifiCare of Washington					(44,494,797)	1,965,166			(42,529,631)	
	94-3252033	PacificDental Benefits, Inc.					10 ,438 ,079				10,438,079	
		Passport Coast-to-Coast LLC									0	
	52-1162824	Physicians Heath Plan of Maryland, Inc									0	
	39 - 1579905	ProcessWorks, Inc									0	
	20-0666246	PsychCME, Inc									0	
	45-0483900	Red Oak E-Commerce Solutions, Inc									0	
73130	35 - 1744596	Rooney Life Insurance Company					(2,728)			•	(2,728)	
	05-0471309	RSB Holdings, Inc								•	0	
	33-0538634	RxSolutions NY IPA, Inc.								•	0	
	33-0441200	RxSolutions, Inc.					(1,725,638,225)			(11,653,384)	(1,737,291,609)	
		Salveo Holding, LLC									0	
	98-0361995	Salveo Insurance Company, Ltd.									0	
	38-2609888	Southwest Michigan Health Network Inc.									0	
		Special Risk International, Inc.					2,150,980				2, 150, 980	
	41-1921983	Specialized Care Services, Inc.									0	
	41-1925903	Specialty Resource Services, Inc									0	
	71-0886811	Spectera of New York, IPA, Inc.									0	
		Spectera, Inc	(1,000,000)				45,956,850				44,956,850	
	38 - 2831808	Statprobe, Inc	0								0	
	56 - 1970224	The Lewin Group, Inc.									0	
	94-3077084	U.S. Behavioral Health Plan, California UHC International Services, Inc	(10,000,000)				(3,706,439)				(13,706,439)	
	41-1913059	UHC International Services, Inc.	0							•	0	
	41-1921008	UHIC Holdings, Inc.									0	
91529	52-1996029	Unimerica Insurance Company		7,000,000			(13,978,495)				(6,978,495)	
11596		Unimerica Life Ins Co o'f NÝ					(972,216)				(972,216)	
	33-0446372	Union Health Solutions, Inc.									0	
	41-1921009	Uniprise, Inc.									0	
	94-2649097	United Behavioral Health	(225,000,000)				210,662,792		ļ	ļ	(14,337,208)	
	41-1868911	United Behavioral Health of NY, IPA Inc	0						ļ		0	
	l	United Health Connect Sdn. Bhd									0	
	41 - 1941615	United Health Foundation								.	0	
		United HealthCare (Ireland) Limited									0	
		United Healthcare India (Private) Ltd					/0 /0/ 07/ ::	004 040 :			0	/004 040 5 (5)
79413	36-2739571	United HealthCare Ins Co.	(1,680,251,344)	5,940,000			(3,131,371,499)	331,943,438			(4,473,739,405)	(634,210,943)
	36-3800349	United HealthCare Ins Co of IL	(26,765,833)				(30,427,289)	/// 0.0/0.000			(57, 193, 122)	
60093	11-3283886	United HealthCare Ins Co of NY	0				(14,973,713)	(112,942,609)			(127,916,322)	330,663,546
73518	31-1169935	United HealthCare Ins Co of OH	(9,000,000)				(50,074,134)		ļ		(59,074,134)	
	l	United Healthcare Int'l Mauritius Ltd	0					/			0	
95784	63-0899562	United HealthCare of Alabama, Inc.	(29,000,000)				(61,714,991)	(383,700)	ļ	ļ	(91,098,691)	
96016	86-0507074	United HealthCare of Arizona, Inc	0				(19,806,205)	(104,772)	ļ	ļ	(19,910,977)	
95446	63 - 1036819	United HealthCare of Arkansas, Inc	(4,000,000)				(5,258,132)	(24,146)	ļ		(9,282,278)	
95090		United HealthCare of Colorado, Inc	0				(2,972,940)	(20,040)	ļ		(2,992,980)	
95264	59 - 1293865	United HealthCare of Florida, Inc	(28,300,000)				(238, 563, 293)	(1,481,977)		.	(268,345,270)	

	PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES											
1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
95850	58 - 1653544	United HealthCare of Georgia, Inc.	0	2,500,000	investments	/ timate(s)	(24.156.515)	(185.340)		Dusiness	(21.841.855)	raker/Liability)
96644	62-1240316	United HealthCare of Kentucky. Ltd.	(18,500,000)	2,000,000			(24, 156, 515)	(52,748)			(21,841,855) (27,699,867)	
95833	72-1074008	United HealthCare of Kentucky, Ltd	(3,000,000)				(1 902 957)	(10,390)			(4.913.347)	
95716	63 - 1036817	United HealthCare of Mississippi, Inc.	0′				47.279				47 , 279	
95186	31-1142815	United HealthCare of Ohio. Inc.	(29,200,000)				(130.775.419)	(775,504)			(160,750,923)	
11147	63-1036814	United HealthCare of Tennessee, Inc.	(5,400,000)				(7,144,174)				(12,544,174)	
95765	95-3939697 47-0676824	United HealthCare of Texas, Inc	0				(3,447,442)	(45,603)			(3,493,045)	
95591	. 47 -0676824	United HealthCare of the Midlands, Inc					(23,452,924)	(694,841)			(24, 147, 765)	
96385	43-1361841	United HealthCare of the Midwest, Inc	(28,700,000)				(104,635,141)	(2,081,867)	ļ		(135,417,008)	9,524,332
95501	. 41-1488563	United HealthCare of Utah	0				(8,655,249)	(45,576)			(8,700,825)	
	41-2012479	United HealthCare Products, LLC	(2,326,592)								(2,326,592)	
	. 36-2739571	United HealthCare Service LLC.	(116,889,310)				218,316,115				101,426,805	
	41-1289245	United HealthCare Services, Inc.	344,235,000	(26, 126, 000)			4,519,964,012				4,838,073,012	
	. 31 - 1078580 . 30 - 0318238	United Medical Resources, Inc United Resource Ntwks IPA of NY, Inc.	0						· · · · · · · · · · · · · · · · · · ·	•		•
	41 - 1940493	United Resource Niwks IPA of NY, Inc					102,405				102,405	
	01-0538317	United Resource Miwks, Inc					102,403				102,403	
		UnitedHealth Capital, LLC.									 0	•
		UnitedHealth Cares, Inc.									 	
		UnitedHealth Europe Limited										
		UHG Finance Inc		35,280,000							35,280,000	
	41-1321939.	UnitedHealth Group Inc.	2,881,103,000	(69,921,958)			1,488,672,665				4,299,853,707	•
	1021000	UnitedHealth Grp Info Svcs Private Ltd.	0	(00,021,000)			1,400,072,000				0	• • • • • • • • • • • • • • • • • • • •
		UnitedHealth Group Intl BV									0	
	41-1917398	UnitedHealth Intl Inc									0	
		UnitedHealth Primary Care Ltd									0	
		UnitedHealth Primary Care Plus Limited									0	
		UnitedHealthcare Alliance LLC	(67,345,461)								(67, 345, 461)	
		UnitedHealthcare Asia Limited	0								0	
12231	. 20-1902768	UnitedHealthcare Ins Co River VIIy	(1,400,000)						ļ		(1,400,000)	
		UnitedHealthcare Intl Asia, LLC.	0		ļ				ļ		0	
		UnitedHealthcare Intl Malaysia Sdn Bhd			†		/44 400 000	/70 0==:	ļ		0	
60318	. 36-3280214	UnitedHealthcare of IL, Inc	/0.405.000	40.000.000	ļ		(11,469,836)	(73,075)	ļ		(11,542,911)	00 000 000
95149	. 05-0413469	UnitedHealthcare of NE, Inc.	(9,135,000)	12,626,000			(45,232,385)	(9,053,321)	ļ		(50,794,706)	20,069,980
95085 95103	. 06-1172891 . 56-1461010	UnitedHealthcare of NY, Inc	0		 		(92,026,318)	(4,232,422)			(92,026,318) (130,165,418)	
95103	52-1130183	UnitedHealthcare Mid-Atlantic, Inc					(125,932,996) (125,932,996) (79,900,515)	(4,232,422)	·····		(130, 165, 418)	
95710	. 39 - 1555888	UnitedHealthcare of Wisconsin, Inc.	(6,300,000)				(100, 126, 881)				(105,770,356)	
957 10	. 36-3379945	UnitedHealthcare Plan Riv Val, Inc.	(6,300,000)				(100,120,001)	28,545	l		(105,770,330)	
30010	36-3355110	UnitedHealthcare Svcs Co Rvr Val Inc.	(41,500,000) N		†			20, 545	·····		(41,471,400) N	
	41-1922511	UnitedHealthcare, Inc.		14,127,353					·	•	14,127,353	
	37-0920164	UnitedHealthOne Agency, Inc.							i		n	
		WorkComp.Net, LLC							İ		0	
		Worldwide Clinical Trials, SL							Ī		0	
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NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real	7 Income/	8	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	MARCH FILING	Responses							
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES							
2.	Will an actuarial opinion be filed by March 1?	YES							
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES							
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES							
	APRIL FILING								
5.	Will Management's Discussion and Analysis be filed by April 1?	YES							
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES							
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES							
	JUNE FILING								
8.	Will an audited financial report be filed by June 1?	YES							
hich t	llowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar cod ment is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory.	e will be printed below. If the							
	MARCH FILING								
9.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?								
10.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?								
11.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?								
12.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?								
13.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?								
	APRIL FILING								
14.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?								
15.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?								
16.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?								

EXPLANATION:

BAR CODE:

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